

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN LOS ANGELES COUNTY IN LOS ANGELES ON ROUTE 5 FROM EUCLID AVENUE UNDERCROSSING TO SEVENTH STREET OVERCROSSING AND ON ROUTE 10 FROM LA RIVER TO ROUTE 5 AND ON ROUTE 60 FROM SOTO STREET UNDERCROSSING TO EAST OF EUCLID AVENUE UNDERCROSSING

In District 07 On Route 5, 10, 60

Under

Notice to Bidders and Special Provisions dated October 30, 2017

Standard Specifications dated 2015

Project plans approved July 24, 2017

Standard Plans dated 2015

Applicable to

Electronic *Bid* book dated October 30, 2017 Identified by Contract No. 07-296404 07-LA-5, 10, 60-16.1/17.0, 18.1/18.4, 0.4/R1.0 Project ID 0713000031

Federal-Aid Project ACNH-X037(202)E

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

CONTRACT NO:						
BID AMOUNT:						
\$						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTR	ACT %:					
DBE PRIME CONTRACTO	R CERTIFICATION ¹ :	TOTAL NUMBER OF AL	L SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRA	CTS (DBE & NON-DBE
BID ITEM NO.	SERVICES TO BE S	ID DESCRIPTION OF IUBCONTRACTED OR D BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are Include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms bein each DBE shown stating shown for the specific ar	that it will be participat			Total Claimed Participation		\$
The names of the 1st tie Subcontractor List (Pub			pe consistent with the			%
¹ Each DBE prime contra performed by DBEs, incl			ow all work to be	The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).		
² If 100% of an item is no the item to be performed		nished by the DBE, de	scribe the exact portion of			
³ Use Work Category Co	des from the California	Unified Certification Pro	Sig	gnature of Bidder		
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ase Type or Print)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

	<u> </u>		
Contract no.:			
Name of DBE business:			
Name of DBE representative): :		
DBE certification number:			
Name of bidder:			
Name of prime contractor if	different from the bidder:		
Name of representative of bi	idder or prime contractor:		
Date:			
Bid item number	Item of work and description of services to be subcontract	cted or materials to be provided ¹	Amount (\$)
¹ If 100% of an item is not to portion of the item to be per	be performed or furnished by the DBE, describe the exact rformed or furnished.	Total	
		enterprise, I confirm that my busin	lder or prime contractor to perform
		I certify under penalty of perjury th	at the foregoing is true and correct.
		Signature of DBE's authorized	representative:
		Printed name of DBE's authori	zed representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

DBE GOOD FAITH EFFORTS DOCUMENTATION

DES-OE-0102.11A (REV 12/2014)

Bidder's Name	: <u> </u>
Contract No.: _	

Page 1 of 3

1. List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken
down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a
manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that
sufficient work to meet the goal was made available to DBE firms.

Item of Work Offered, Services Offered, or Materials Supplied	Bidder Normally Performs Item Yes/No		Item Broken Down to Facilitate Participation Yes/No		Established Flexible Timeframes for Performance and Delivery Schedules Yes/No		Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ NO	YES	□ NO	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	□ NO	YES	□ NO		
	YES	□ NO	YES	□ NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	□ NO	YES	□ NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		

Bidder's Name:	
Contract No.: _	

DBE GOOD F	AITH FFI	FUBIL DU	CHMENT	ΔΤΙ	אכ	Contract No.:			
DES-OE-0102.11A (OOWLIVE	AIN	514			Page 2 of 3	
						nclude the items of work offered a copies of solicitations, e-mail me			
Name of D	BE Solicited	Date of Ir	nitial Solicitation		Items of	Work Offered	Follow Up Methods and Dates		
For each item of wor DBE, the DBEs that proquote submitted to the	ovided quotes, th	e price quote for e	ach firm, and the	price di	fference for each DBB	pecific to the items of work being Eifthe selected firm is not a DBE act.	offered, list the selecte Provide copies of eac	ed firm and its status as a h DBE and Non-DBE	
Items of Work	Specifications	ed Plans/ for Work Offered es/No	Name of Sele Firm	ected	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)	
	YES	□ио							
	YES	□ио							
	YES	□ №							
	YES	□ио							
	YES	□ио							
	YES	□ио							
	YES	□ио							
	YES	Пио							
	YES	□ №							

If the firm selected for the item is not a DBE, provide the reasons for the selection on a separate sheet and attach names, addresses, and phone numbers for the firms listed above. Provide evidence as to why additional agreements could not be reached for DBEs to perform work.

DRE GOOD EAITH FEFORTS DOCUMENTATION

Bidder's Name:	
Contract No.:	

DES-OE-0102.11A (REV 12/2014)	CTO DOGOMENTATION		Page 3 of 3						
4. Describe the Bidder's outreach efforts to identify and solicit the interest of all certified DBEs that have the capability to perform the work of the Contract. Provide copies of supporting documents.									
Description of Outreach	Dates	Location (if applicable)	Results						
	de interested DBEs with adequate information a assisted, the type of information provided, and								
6. Describe the Ridder's efforts made to assist	t interested DBEs in obtaining bonding, lines of	credit or insurance Identify the DRFs assiste	t the type of assistance offered, and the						
dates. Provide copies of supporting document		credit, of insurance. Identity the DDE3 assisted	a, the type of assistance offered, and the						
7. Describe the Bidder's efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE purchases or leases from the prime contractor or its affiliate. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents. List efforts made to assist interested DBEs in obtaining bonding, lines of credit, insurance, necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate. Identify the DBE assisted, the assistance offered, and the date. Provide copies of supporting documents.									
List the names of agencies and the dates o provide copies of supporting documents.	n which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,						
9. Include additional data to support a demons	stration of good faith efforts.								
NOTE: USE ADDITIONAL SHEETS OF PAPE	ER IF NECESSARY.								

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.